

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

2039

State File No. 4

Registration District No. 117

Primary Registration District No. 5767

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH

(a) County Camden  
(b) City or town Jasper  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 10 yrs  
years, months or days)

3. (a) PRINT FULL NAME Henry Quince Thickston

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Estella Dougherty 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased July 17 - 1869  
(Month) (Day) (Year)

8. AGE: Years 71 Months 7 Days 8 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Indiana  
(City, town, or county) (State or foreign country)

10. Usual occupation Postmaster

11. Industry or business \_\_\_\_\_

12. Name Lovell H. Thickston

13. Birthplace Camden, Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth E. Brundage

15. Birthplace Camden, Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Thickston

(b) Address Sunrise Beach, Missouri

17. (a) Removal-Burial (b) Date thereof Jan 16 41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Spickard, Missouri

18. (a) Signature of funeral director Chas. Schoeler

(b) Address Spickard, Missouri

19. (a) Feb - 1941 (b) Lippie M. Keller  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Camden  
(c) City or town Sunrise Beach  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 15  
year 1941 hour 4 minute P M.

21. I hereby certify that I attended the deceased from About Jan 1, 1940 to Jan 15, 1941  
that I last saw him alive on Oct 15, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary edema  
Due to degenerative heart disease  
Other conditions Arterial sclerosis  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

23. Signature A. J. Guinn (M. D. or other) D  
Address Verona, Mo. Date signed 1-24

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 7,

District File Number

2-41-306

Date Filed

2-11-41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed

*Gene Hartman*

Licensed Embalmer No.

4021

P. O. Address

Versaille, mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.